For use of this form, see AR 40-68; the proponent is OTSG		PERIOD				DATE	
		FROM	7				
RATED BY PRIVILEGES PERF		BY		TREATMENT FACILITY			
TITLE							
PRIVILEGES			RECOMM	IENDATIONS BY DE	PT/SVS CHIEF	1	
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL EDUCATION	SELDOM EXERCISED	
SPECIALTIES/SUBSPECIALTIES. (Identify level of an "A" for Assist and a "P" for Perform in	of performance with block.)						
a. General surgery							
b. Cardiac surgery							
c. Orthopedics							
d. Otolaryngology							
e. Ophthalmology							
f. Neurosurgery							
g. Plastic surgery							
h. Thoracic surgery							
i. Urology							
j. Vascular surgery							
k. Colo-rectal surgery							
I. Gastrointestinal endoscopy (Specify procedures(s))	type of endoscopic						
m. Diagnostic/therapeutic radiology (Sp	ecify)						
Other (Specify)							
Category (Check Performance Level)							
Category I							
Additional Privileges Performed (Specify)							
Category II							
Additional Privileges Performed (Specify)							

PERIOD DATE		TREATMENT FA			CILITY		
FROM	то						
RATED	ВУ	PRIVILEGES PERFORMED BY					
TITLE		-					
			ı				
PRIVILEGES			RECOMM	ENDATIONS BY DEPT./SVS. CHIEF			
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED	
Category (Check Performance Level) (Continued)							
Category III							
Additional Privileges Performed (Specify)							
	Cotogoni IV						
Λ ما ما:د:	Category IV onal Privileges Performed (Specify)						
Additio	onal Privileges Performed (Specify)						
COMM	ENTS (Borderline and unacceptable ratings will be	addressed.)					
RATER'	S SIGNATURE					DATE	